

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594,907

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1, 2				
4		2, 1				
5		1, 2				
6		2, 1				
7		1, 2				
8		2, 1				
9		1, 2				
10		2, 1				
11		1, 2				
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49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	10	←		←		←
TOTAL CLAIMS	11					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						